

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	WA		08-05-01
O.I.P.E. CLASSIFIER		3 ✓	9/14
FORMALITY REVIEW	H-S	866	10-04-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	11/2/00
2			
3			
4	✓	✓	11/2/00
5	✓	✓	11/2/00
6	✓	✓	11/2/00
7	✓	✓	11/2/00
8	✓	✓	11/2/00
9		N	
10		✓	
11		✓	
12		✓	
13		✓	
14		✓	
15		✓	
16		✓	
17		N	
18		N	
19		N	
20		N	
21		N	
22		N	
23		✓	
24	✓	✓	11/2/00
25		✓	
26		✓	
27		✓	
28		✓	
29		✓	
30		✓	
31		✓	
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33		✓	
34		✓	
35		✓	
36		✓	
37		✓	
38		✓	
39		✓	
40		N	
41		N	
42		N	
43		N	
44		N	
45		N	
46		N	
47		N	
48		N	
49		N	
50		N	

Claim	Final	Original	Date
51		✓	
52		✓	
53		✓	
54		✓	
55		✓	
56		✓	
57		✓	
58		✓	
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100		✓	

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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